



**DISTRICT OF COLUMBIA
DEPARTMENT OF HEALTH
HEALTH PROFESSIONAL LICENSING ADMINISTRATION
BOARD OF MEDICINE**

To expedite the processing of your **NEW LICENSE APPLICATION** be sure to follow the instructions carefully before mailing your application package. It is important to send in all the required supporting documents listed below based on the method by which you are applying:

EXAMINATION (USMLE) - UNITED STATES

MEDICAL LICENSING EXAMINATION

Checklist of Supporting Documents required

- ☐ A completed signed application for DC License.
- ☐ Two (2) recent passport photos (2" X 2")
- ☐ Three (3) Character Reference Forms using the Board standard form included in the application Instructions and Forms package. The forms must be completed by a Physician.
- ☐ You can expedite the process and obtain your American Medical Association (AMA) Profile from the website at:
<http://www.ama-assn.org/amaphysicianprofiles>
or you may contact the AMA directly at 1-312-464-5199 or 1-800-665-2882.
- ☐ Letter(s) of all Post Graduate Experience with start and ending dates on official letterhead sent directly from the institution/organization. Certificates, under extenuating circumstances are allowed if a notarized hardship letter is provided explaining why you are unable to obtain a Post Graduate letter and the reason as well as having the actual certificate copy notarized.
- ☐ Name Change Document (Marriage Certificate, Divorce Decree or Court Order) if applicable.
- ☐ Social Security Number or Sworn Affidavit attesting you do not have a social security number
- ☐ Undergraduate Transcript coming directly from the institution. Under special circumstances, if foreign educated, a notarized hardship letter may be provided explaining why you are unable to obtain your foreign Undergraduate Transcript.
- ☐ Medical School Transcript coming directly from the institution. Under special circumstances, if foreign educated, a notarized hardship letter may be provided explaining why you are unable to obtain your foreign Medical Transcript.
- ☐ Examination Scores (Steps 1 & 2)
- ☐ 5th Pathway Certificate – if applicable for an applicant who completed a foreign medical educational program not accredited by one of the accrediting bodies (refer to Chapter 46, Section 4604, of the Municipal Medicine Regulations).
- ☐ Using the **USMLE 2005 Step 3 Fee Form**, send your payment of \$610 payable to the Federation of State Medical Boards (FSMB).
- ☐ Complete the **USMLE 2005 Step 3 Application** form enclosed in the 2005 Step 3 Instructions packet, using the USMLE 2005 Step 3 and send it directly to the DC Board of Medicine.
- ☐ Foreign Trained Physicians may submit Original Educational Council for Foreign Medical Graduate Certificates ECFMG Certificate or a notarized copy of the original ECFMG Certificate.
- ☐ Fee must be in the form of Check, Money order or Certified Check Payable to Promissor, Inc.
- ☐ \$221 for Application and License Fee



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RE-EXAM (USMLE)

Checklist of Supporting Documents required

- ☐ A completed signed application for DC License.
- ☐ Two (2) recent passport photos (2" X 2")
- ☐ Social Security Number or Sworn Affidavit attesting you do not have a social security number
- ☐ Name Change Document (Marriage Certificate, Divorce Decree or Court Order) if applicable.
- ☐ Using the **USMLE 2005 Step 3 Fee Form**, send your payment of \$610 payable to the Federation of State Medical Boards (FSMB).
- ☐ Complete the **USMLE 2005 Step 3 Application** form enclosed in the 2005 Step 3 Instructions packet, using the USMLE 2005 Step 3 and send it directly to the DC Board of Medicine.
- ☐ Fee must be in the form of Check, Money order or Certified Check Payable to Promissor, Inc.
- ☐ \$65 for Application Fee



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EMINENCE 1

Checklist of Supporting Documents required

- ☐ A completed signed application for DC License.
- ☐ Two (2) recent passport photos (2" X 2")
- ☐ Social Security Number or Sworn Affidavit attesting you do not have a social security number
- ☐ Three (3) Character Reference Forms using the Board standard form included in the application Instructions and Forms package. The forms must be completed by a Physician.
- ☐ You can expedite the process and obtain your American Medical Association (AMA) Profile from the website at:
<http://www.ama-assn.org/amaphysicianprofiles>
or you may contact the AMA directly at 1-312-464-5199 or 1-800-665-2882.
- ☐ Undergraduate Transcript coming directly from the institution. Under special circumstances, if foreign educated, a notarized hardship letter may be provided explaining why you are unable to obtain your foreign Undergraduate Transcript.
- ☐ Medical School Transcript coming directly from the institution. Under special circumstances, if foreign educated, a notarized hardship letter may be provided explaining why you are unable to obtain your foreign Medical Transcript.
- ☐ Letter(s) of all Post Graduate Experience with start and ending dates on official letterhead sent directly from the institution/organization. Certificates, under extenuating circumstances are allowed if a notarized hardship letter is provided explaining why you are unable to obtain a Post Graduate letter and the reason as well as having the actual certificate copy notarized.
- ☐ Original Foreign Medical Graduate Examination in the Medical Sciences Certificate (FMGEMS) or a notarized copy of the original certificate.
- ☐ Curriculum Vitae
- ☐ List of Publications, Honors and Awards
- ☐ Name Change Document (Marriage Certificate, Divorce Decree or Court Order) if applicable.
- ☐ Fee must be in the form of Check, Money order or Certified Check Payable to Promissor, Inc.
- ☐ \$546 for Application and License Fee



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EMINENCE 2

Checklist of Supporting Documents required

- ☐ A completed signed application for DC License.
- ☐ Two (2) recent passport photos (2" X 2")
- ☐ Social Security Number or Sworn Affidavit attesting you do not have a social security number
- ☐ Letter(s) of all Post Graduate Experience with start and ending dates on official letterhead sent directly from the institution/organization. Certificates, under extenuating circumstances are allowed if a notarized hardship letter is provided explaining why you are unable to obtain a Post Graduate letter and the reason as well as having the actual certificate copy notarized.
- ☐ Three (3) Character Reference Forms using the Board standard form included in the application Instructions and Forms package. The forms must be completed by a Physician.
- ☐ You can expedite the process and obtain your American Medical Association (AMA) Profile from the website at:
<http://www.ama-assn.org/amaphysicianprofiles>
or you may contact the AMA directly at
1-312-464-5199 or 1-800-665-2882.
- ☐ Original Foreign Medical Graduate Examination in the Medical Sciences Certificate (FMGEMS) or a notarized copy of the original certificate.
- ☐ Curriculum Vitae
- ☐ List of Publications, Honors and Awards
- ☐ Letter of Recommendation and 5 letters from renowned American Specialist in the same field
- ☐ H1 Visa Status Certificate
- ☐ Letter of Acceptance from Sponsoring Institution
- ☐ Name Change Document (Marriage Certificate, Divorce Decree or Court Order) if applicable.
- ☐ Fee must be in the form of Check, Money order or Certified Check Payable to Promissor, Inc.
- ☐ \$1,950 for Application and License Fee



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***WAIVER OF EXAMINATION:**

FLEX – Federation Licensing Examination

USMLE – United States Medical Licensing Examination

NBME –National Board of Medical Examiners

NBOME – National Board of Osteopathic Medical Examiners

LMCC - Licentiate of the Medical Council of Canada

***PLEASE NOTE:** You must contact the examining authority for the appropriate exam above in order to have your official score transcript sent directly to the D.C. Board of Medicine.

Checklist of Supporting Documents required

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- ☐ Three (3) Character Reference Forms using the Board standard form included in the application Instructions and Forms package. The forms must be completed by a Physician.
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or you may contact the AMA directly at
1-312-464-5199 or 1-800-665-2882.
- ☐ Name Change Document (Marriage Certificate, Divorce Decree or Court Order) if applicable.
- ☐ Social Security Number or a Sworn Affidavit attesting you do not have a social security number
- ☐ Original Letter of Verification of Licensure from **ALL STATES THAT YOU HAVE EVER BEEN LICENSED.**



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- ☐ Letter(s) of all Post Graduate Experience with start and ending dates on official letterhead sent directly from the institution/organization. Certificates, under extenuating circumstances are allowed if a notarized hardship letter is provided explaining why you are unable to obtain a Post Graduate letter and the reason as well as having the actual certificate copy notarized.
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- ☐ Examination Scores (Steps 1, 2 & 3)
- ☐ 5th Pathway Certificate – if applicable for an applicant who completed a foreign medical educational program not accredited by one of the accrediting bodies (refer to Chapter 46, Section 4604, of the Municipal Medicine Regulations).
- ☐ Foreign Trained Physicians must submit Original ECFMG Certificate.
- ☐ Fee must be in the form of Check, Money order or Certified Check Payable to Promissor, Inc.
- ☐ \$546 for Application and License Fee